

The Arc of the Ozarks Field Trip Permission Form

I (parent/guardian) _____, hereby give

(participant) _____ permission to go on all Field Trip outings with the Education/Recreation Department including, but not limited to the Continuing Education and Saturday Recreation programs.

Participants in activities offered by The Arc of the Ozarks are not covered by medical or accident insurance. Each participant must furnish his/her own personal coverage. As a participant (or as a parent of an MR/DD participant), I release The Arc of the Ozarks board members, volunteers and employees from any liability to the participants for any personal injury or property damage suffered by the participants as a result of participation in the program. I assume all responsibility and agree to indemnify the sponsors and hold the sponsors harmless from and against any and all liability or cost arising from or in connection with the participant's participation in the program. In case of accident or sickness, I consent to emergency medical care provided by the ambulance or hospital personnel.

Parent/Guardian Signature: _____ Date _____